

Case Number:	CM13-0054497		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2013
Decision Date:	03/17/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year old male who has a diagnosis of PTSD related to an accident where he struck and killed a pedestrian. He has experienced panic attacks and recurrent nightmares. He has been on Zoloft, Ativan, Ambien, and Prazosin. He had a preexisting diagnosis of bipolar disorder. Psychological testing following the accident found that he was experiencing stress and depression, but there was no evidence of neuropsychological disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

The request for 30 Ativan 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: MTUS guidelines state that anxiolytics such as Ativan are not recommended as first-line therapy for stress-related conditions, as they can lead to dependence. They also do not alter stressors, or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning, or to briefly

alleviate symptoms so that the patient can recoup emotional and/or physical capabilities. Based on this information, ongoing treatment with Ativan is not indicated. The request is noncertified.

The request for 30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that Zolpidem (Ambien) is approved for short-term treatment of insomnia, usually between two to six weeks. Long-term use is not recommended. Since the request is for ongoing treatment, the medication cannot be indicated. The request is noncertified.

The request for 30 Prazosin 2mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder, APA, November 2004 (Guideline Watch March 2009).

Decision rationale: While Prazosin is indicated for hypertension, it has an evidence-based use in the management of symptoms of PTSD. APA practice guidelines indicate that Prazosin has been extremely effective in the treatment of trauma-related nightmares and sleep disruption; this is based on a series of placebo-controlled augmentation trials. As such, its use is supported by current evidence-based literature, and it should be approved as medically necessary. The request is certified.